

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor:
Jennifer Convertibles Inc.

Case Number:
10-13779

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Vertis Inc. dba Vertis Communications

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

Vertis Inc.
250 W. Pratt Street, Suite 1800
Baltimore, MD 21201

RECEIVED

OCT 13 2010

BMC GROUP

Court Claim Number: _____
(If known)

Telephone number:
(410) 528-9800

Filed on: _____

Name and address where payment should be sent (if different from above):

Vertis Inc.
PO Box 404555
Atlanta, GA 30384-4555

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 17,050.47 (50369)
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

Specify the priority of the claim.

2. Basis for Claim: Advertising Circulars
(See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 1742

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim.

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

Amount entitled to priority:

\$ _____

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

If the documents are not available, please explain:

Date:
10/08/2010

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

Jennifer Convertibles



00211

Kevin Neely Credit Analyst

Kevin Neely

50369
Claim

503b9 Invoice Schedule

| CUST NUM | CUSTOMER NAME/ADDRESS | INVOICE | PO NBR | JOB NBR | TYP | TRN DATE | INV/CASH AMT | CURRENT | 31-60 | 61-90 | OVER 90 |
|----------|---|---------------|--------|----------|-----|----------|--------------|---------|-------|-------|-----------|
| 011742 | JENNIFER CONVERTIBLES INC 902 BROADWAY NEW YORK, NY | 16008685 0 | | 16113100 | I | 07/04/10 | 17,050.47 | | | | 17,050.47 |



Vertis Communications
100 Winners Circle, Suite 300
Brentwood, TN 37027
T: 800.344.8644 F: 615.377.7501

www.vertisinc.com

BMC Group Inc. 10/12/10
Attn: Jennifer Convertibles Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Please accept the enclosed 503b9 and general unsecured proof of claims and exhibits listing the invoices owing for the Jennifer Convertibles bankruptcy.

I have enclosed an additional copy of the proof of claim (only) along with a stamped self-addressed envelope. Please time and date stamp a copy as received by your office and return such to me.

Thank you,

A handwritten signature in black ink, appearing to read "Kevin Neely".

Kevin Neely